

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Globe

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 160

County Registrar No. \_\_\_\_\_

Local Registrar No. 181

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Henrique Gussman3. Sex of Child male  
To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other. \_\_\_\_\_

6. Legitimate? yes7. Date of birth July 7, 1925  
Month day year

5. No., in order of birth \_\_\_\_\_

## FATHER

8. Full name Louis Gussman9. Residence  
(Usual place of abode)If nonresident, give place and state Globe, Ariz.

10. Color or race

Mexican11. Age at last birthday 34 (Years)

12. Birthplace (city or place)

(State or country)

Mexico city  
Mexico

13. Occupation

Nature of industry

miner

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead none(c) Stillborn none

## MOTHER

14. Full maiden name Ang Siqueiros15. Residence  
(Usual place of abode)If nonresident, give place and state Globe, Ariz.

16. Color or race

Mexican17. Age at last birthday 33 (Years)

18. Birthplace (city or place)

(State or country)

Chihuahua City  
Mexico

19. Occupation

Nature of industry

Housewife21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12:45 p.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from  
a supplemental report \_\_\_\_\_

Month, day, year.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Filed 7/30, 1925

Filed \_\_\_\_\_, 19\_\_\_\_

(Physician or midwife)

Local Registrar.

County Registrar.

Registrar.

575-707-322WRITE ONLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE "FORM" must be made for each, and the number of each.  
in order of \_\_\_\_\_